Report to the Twenty-Third Legislature State of Hawaii Regular Session of 2005

PURSUANT TO SECTION 349-5(2) HAWAII REVISED STATUTES REQUIRING THE EXECUTIVE OFFICE ON AGING TO PROVIDE AN ANNUAL EVALUATION REPORT ON ELDER PROGRAMS FOR THE GOVERNOR AND TO THE LEGISLATURE

PREPARED BY:
STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING
DECEMBER 2004

EXECUTIVE SUMMARY

The Executive Office on Aging reports the following accomplishments during the State Fiscal Year 2003 – 2004.

The Executive Office on Aging (EOA) administered a total of \$13.1 million in federal, State, and private funds on behalf of Hawaii's older adults and caregivers. Service funds were contracted to the statewide County/Area Agencies on Aging to procure, manage, and coordinate delivery of access, information, support, meals, caregiver support, and a range of home- and community-based services relative to the respective Counties. In FY 2004, programs and services within the State Plan on Aging – that incorporates four Counties' Area Plans on Aging – benefited an estimated statewide total of 79,938 older adults and 10,845 family caregivers.

Following extensive consultation with federal officials and the Area Agencies on Aging (AAAs), the EOA submitted for federal approval an amendment to the State Plan on Aging to revise the Intrastate Funding Formula by which federal funds are awarded to the Area Agencies on Aging.

The Office, along with representatives from the Area Agencies on Aging, organized a team to lay the groundwork for an aging data system that will support federal and State reporting requirements and contribute to statewide advocacy, planning and program developments on behalf of Hawaii's older adults and caregivers. This effort includes data management training opportunities for State and County staff.

The EOA established the Healthy Aging Project that implements a State Plan on Aging goal, to develop partnerships in addressing aging issues. In FY 2004, the Healthy Project team developed a five-year strategic plan to use evidence-based research and County-based community resources to design and evaluate pilot projects that improve older adult nutrition and increase physical activities. Resources and skills development by community members, technical support, and evaluation design are components of the short-term, five-year plan that was submitted to the Department of Health for early funding support of the Project's planning activities. The Project steering committee members include EOA and AAA staff, Department of Health District Health Office and division chiefs, and members of the community involved in aging and health programs.

The EOA established an on-site monitoring program in order to assess Area Agencies on Aging implementation of Area Plans on Aging and related federal and state funding requirements. Extensive reviews of Kupuna Care Services and Neighbor Islands' elder abuse services were initiated to assess management and delivery issues.

The EOA initiated preparations for a report to the 2005 Legislature that will highlight caregiver data needs, report focus group findings, and recommend the steps needed to improve the accuracy and availability of data for informed policy decision-making and legislation.

Sage PLUS, the federally funded health insurance counseling program, entered into partnership with Department of Human Services MedQuest Division to launch public awareness about

changes in the Medicare Modernization Act, drug discount card program, and how this relates to the Hawaii RX and other discount programs.

The Office cosponsored a Hawaii public television broadcast of a local discussion about long term care and aging issues and funded initial planning costs for a 2005 model senior citizens legislature.

In line with its role of advancing the issues and needs of family caregivers, the EOA, in collaboration with the Honolulu Elderly Affairs Division, conducted preliminary research to identify appropriate partners to develop a pilot "one-stop" long term care resource center that will centralize access to long term care information, benefits and intake counseling, and training and education resources for older adults and physically handicapped persons. In addition, EOA's Caregiver Resources Initiative project organized advocacy trainings for family caregivers; produced and distributed newsletters that capture statewide caregiver support services and activities to a network of 1,200 caregivers; provided technical support to advocacy efforts of the State Policy Advisory Board for Elder Affairs – Legislative Committee; implemented a private grant for grandparents raising children; and participated in and supported caregiver conferences and meetings.

Finally, the Office has promoted advocacy through community assistance and technical support. It has funded, provided technical assistance to, and/or participated in the following activities in the State Fiscal Year 2004: Adult Day Association Meetings; Developmentally Disabled Advisory Council; DHS Adult and Community-Based Services Advisory Council; Elder Abuse and Neglect Task Force; Co-sponsor, Hawaii PBS Broadcast: Local panel response to *Living Better: a National Conversation on* Aging; Governor's Long Term Care Work Committees; Kokua Mau; Maui LTC Planning Partnership Advisory Council; Nutrition Services Advisory Council; Olmstead Plan Implementation Task Force; Real Choices Advisory Council; Reviewer, DOT Aging and Disabled Transportation Grants; Co-sponsor, UH Community College Roles in Aging and LTC Conference; Seniors Fair; and UCLA Colorectal Cancer Study Advisory Council.

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PREFACE



The 21st Century has had a tumultuous beginning for the entire world – dealing with 9/11 and the challenge of establishing democracies in the Middle East. There is also the wonder of technology that connects people in seconds and – in the same amount of time – can steal personal identities.

The real drama however is silent and relentless. It is the aging of our world's population at a pace that is both inspiring and daunting. In Hawaii, we count the blessings that promote healthy, active and independent aging – our climate, geography, food choices, ohana, and opportunities to live fully. We are grateful, then, for the majority of older adults, including individuals with disabilities, who manage their resources, have healthy relationships, and live with a vigor that inspires others.

Like all states across the nation, the Executive Office on Aging is leading the network of County/Area Agencies on Aging, organizations, and community members in preparing for a society and culture that is charged by technology but can only move as quickly as human beings can. What was true a century ago remains true today: people of all ages need and desire mutual respect, recognition, and shared responsibility.

Please join us as we lay the foundations for healthy, active, and independent longevity!

PAT A. SASAKI Executive Director

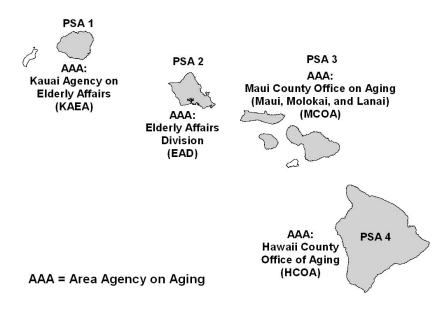
THE EXECUTIVE OFFICE ON AGING

The Older Americans Act (OAA) established the Administration on Aging of the U.S. Department of Health and Human Services to administer OAA programs at the federal level.

In each state there is a designated State Unit on Aging. In Hawaii, the State Unit is the Executive Office on Aging (EOA), an attached agency of the State Department of Health. EOA provides leadership relative to all aging issues on behalf of the 224,000+ individuals 60 and over in Hawaii. It is responsible for coordinating and providing a focus for statewide efforts on behalf of Hawaii's older adults. EOA's mission is to promote the dignity and independence of older adults and to help our society prepare for the rapid expansion of Hawaii's aging population.

The 1972 revisions to the OAA allowed states the option of creating substate entities, or Area Agencies on Aging (AAAs), to oversee services in communities. Under the OAA, the EOA divided the State into four Planning and Services Areas (PSAs). PSAs correspond to county boundaries in the State, except in PSA 3 where Kalawao County is included with the County of Maui.

Planning and Service Areas (PSAs)



The Administration on Aging annually determines the level of federal funding allotted to Hawaii. The EOA then distributes those funds to the four AAAs according to a formula approved by the Administration on Aging.

I. STATE PLAN ON AGING (2004-2007)

Plan Approval:

In October 2003, U.S. Assistant Secretary for Aging Josefina G. Carbonell informed Governor Linda Lingle that the EOA *Hawaii State Plan on Aging (2004-2007)* had been approved. Approval enables Hawaii to receive a four-year grant from the U.S. Administration on Aging.

Grant funds are used to provide programs and services to older adults and their caregivers. For example, in-home and community-based services, elder rights programming, caregiver support, and respite are provided. The current annual grant award is \$5.47 million.

The plan covers five major tasks:

- Empower older adults and their caregivers with accurate information to make informed decisions.
- Support programs and services that allow older adults to remain in their homes and communities for as long as possible and avoid institutionalization.
- Recognize and support family caregivers in the vital role they play in the provision of long term care services.
- Protect and enhance the basic rights and benefits of vulnerable older adults.
- Partner and collaborate with public and private sector agencies and communities to systematically address the many complex issues of our aging society.

The entire plan is online at www2.hawaii.gov/eoa/programs/community/state_plan.html.

Plan Amendment:

Because of significant changes in funding that would occur due to changes in census data, EOA decided to revise the Title III intrastate funding formula used to distribute funds to the counties. Initial discussions were held with EOA's Policy Advisory Board for Elder Affairs Plans and Project Review Committee and the U.S. Administration on Aging in November and December 2003.

EOA consulted and met with the area agencies, and continued to consult with the U.S. Administration on Aging, from January to May 2004 to revise the formula. Interested parties were able to study the proposed formula in June. In July 2004, public informational meetings were held and an amendment submitted to the U.S. Administration on Aging proposing the revised formula.

Updating the underlying data (census) and adding more weight to older adults living in rural areas, older adults with one or more disabilities, and older adults with a language barrier were the main changes to the formula. If the amendment is approved, EOA will update the post-base amount Title III proportions each county is awarded.

The entire amendment is online at www2.hawaii.gov/eoa/pdf/4 yr plan/amendment.pdf.

II. LEGISLATION AFFECTING OLDER ADULTS

The following is a summary listing of measures affecting older adults that were considered by the Hawaii State Legislature in 2004. All measures except HCR 154 failed to obtain passage.

HCR 154, <u>Urging the Executive Office on Aging to Provide Data on Hawaii Family</u> <u>Caregivers that Provide Assistance to Older Adults</u>. 1) Provide an overview of key issues, trends and policy matters pertaining to caregiving, 2) Summarize data available on caregiving; and 3) Offer recommendations on data needs and usages for Hawaii.

SB 2221, Relating to Long-Term Care

Makes it a state objective to recognize the importance of the contributions of family caregivers and to support them, to the extent possible, in serving the long-term care needs of the state's residents.

SB 2498, Relating to Government

Allows the Metropolitan Planning Organization and the Executive Office on Aging to communicate directly with the legislature and governor, make personnel decisions, and purchase equipment without the approval of the department head.

SB 2258, Relating to Consumer-Directed Care

Requires the Department of Human Services to establish a consumer-directed care program that allows recipients of home and community-based services to select the services they need and to choose their providers, giving consumers more choices and greater control over the purchased long-term care they receive. Requires Departments of Health, Human Services and the Executive Office on Aging to adopt and enforce rules to implement the program.

SB 2571, Relating to Family Caregiving

Appropriates funds to the Executive Office on Aging for a family caregiver services coordinator position, training for family caregivers, respite for family caregivers, and the establishment of an advisory board on family caregiving issues.

SB 2571, HB 2114, <u>Relating to Family Caregiving</u> Requires Department of Health, within limits of state and federal resources, to provide certain family and caregiver support services to persons aged 60 and older and their families and caregivers.

SB 2573, Relating to Caregiver Tax Credit

Provides a \$500 tax credit for eligible recipients.

SB 2651, <u>Relating to a Department of Aging and Long-Term Care</u> Establishes a Department of Aging and Long-term Care.

SB 2709, Relating to Home Invasion

Adds crime(s) involving home invasion of the elderly and single women to criteria for extended terms of imprisonment.

AGING PROGRAMS AND SPECIAL PROJECTS

In accordance with the mandates of the Older Americans Act, as amended, the Executive Office on Aging is the entity in state government responsible for the administration of a statewide system of social services and programs affecting seniors in Hawaii. It coordinates a comprehensive range of social, health, and long-term care services designed to enhance the independence and self-reliance of persons who are no longer able to care for themselves.

I. Federal Older Americans Act Programs

Supportive Services

Title III-B, Section 321 of the Older Americans Act authorizes supportive services, which includes access, in-home, and community-based services. Priority is given to older individuals who have the greatest social or economic need or are low-income minority.

Access services are services designed to provide older Americans with the means to receive needed services available in the community. These services include information and assistance (provides individuals with current information on opportunities and services available to them within their communities), outreach (identifies individuals who may require needed services), case management (assesses and determines the types and amounts of services needed), and transportation (provides a means for an older individual to get to the location where services are provided).

In-home services, such as attendant care, homemaker, personal care, and adult day care, assist seniors who wish to remain in their homes and communities.

Community services are designed for seniors with the ability to travel to the point of service and participate in senior activities. These services encourage seniors to remain active members of the community.

During FY 2004, Title III-B provided supportive services ranging from transportation (136,492 one-way trips for 3,364 persons) and case management (27,242 hours for 1,397 persons), to personal care (44,890 hours for 781 persons) and chore and homemaker services (23,331 hours for 1,066 persons). The statewide allocation for FY 2004 was \$1,706,749.

Congregate and Home Delivered Meals

Title III-C of the Older Americans Act authorizes nutrition services to participants attending congregate meal sites and home delivered meals to homebound individuals. Meals provided for both congregate and home delivered meals shall meet the 1/3 Recommended Dietary Allowances (RDA). and other requirements as specified by the EOA Nutrition Standards, as amended in May 2000.

Title III-C is divided into two subparts: congregate dining (C-1) and home-delivered meals (C-2). During FY 2004, statewide funding (all sources) for congregate meals was \$2,601,768, and a total of 376,107 meals were provided at congregate dining sites. During the same year, funding (all sources) for home delivered meals amounted to \$3,301,551 and this provided a total of 543,949 hot and frozen home delivered meals statewide.

Disease Prevention and Health Promotion

The services authorized under Title III-D, Disease Prevention and Health Promotion, include health fairs, health assessment and screening, which includes vision, hearing and nutrition screenings, health promotion activities such as exercising and range of motion therapy, medication management screening and education, and counseling services. The funding allotment for Title III-D during FY 2004 was \$107,859.

National Family Caregiver Support Program

Section 373 of the Older Americans Act established Title III-E and authorized the National Family Caregiver Support Program to develop a statewide system to integrate the five statutory services under this title.

These five statutory services include:

<u>Information</u>: Group services and public education, which includes the provision of information at health fairs. Outreach is for the purpose of identifying potential caregivers and encouraging them to explore service options.

<u>Assistance</u>: One on one contact either through information and referral or case management.

<u>Counseling</u>: Counseling services encompasses individual counseling, support groups, and caregiver training to assist the caregivers in making decisions and develop problem solving skills.

<u>Respite Care</u>: Service that provides temporary relief from the daily responsibilities of caregiving.

<u>Supplemental Care</u>: Services to support the needs of the caregiver, as defined by the state.

The overall funding allocation for FY 2004 for Title III-E was \$756,056. The total number of caregivers served during FY 2004 was estimated at 10,845.

Legal Assistance

Congress authorizes legal assistance to be provided under the Older Americans Act through a statewide system of attorneys. The services offered include:

- Advice and representation by qualified attorneys or persons under supervision of an attorney;
- Counseling and other assistance to individuals;
- Information and referral;
- Community education regarding legal and related issues such as benefits and entitlements, wills and trusts, guardianship and powers of attorney.

II. LONG TERM CARE OMBUDSMAN AND LONG TERM CARE VOLUNTEER OMBUDSMAN PROGRAMS

Long Term Care Ombudsman Program

As mandated by the Older Americans Act, the mission of the Long-Term Care Ombudsman Program is "to seek resolution of problems and advocate for the rights of residents of long-term care facilities with the goal of enhancing the quality of life and care of residents." It serves as an advocate for all residents in licensed nursing homes, adult residential care homes, expanded adult residential care homes and assisted living facilities.

Currently, Hawaii has 47 licensed nursing homes with 4,179 beds, 548 adult residential care homes and 6 assisted living facilities spread over six Neighbor Islands with a combined total of 3,539 beds, which fall under this Federal mandate.

Established through the Older Americans Act of 1965, Title III, Chapter 2, states that the responsibilities of the LTCO are to:

- Investigate and resolve complaints made by, or on behalf of, residents of long term care facilities relating to acts which may adversely affect the health, safety, welfare, and rights of residents;
- Monitor the development and implementation of federal, state, and local laws, regulations and policies affecting long term care facilities in the state;
- Provide information as appropriate to public agencies regarding the problems of older persons residing in long term care facilities;
- Train volunteers or employees to serve institutionalized persons and to promote the development of citizen organizations to participate in the advocacy programs;

• Establish procedures for appropriate access to long term care facilities, to resident records and to the LTCO case files.

During fiscal year 2004, the LTCO was a presenter at Honolulu County Elderly Affairs Division's Caregiver Conference "Choosing Quality Alternative Care." In addition, the LTCOP was a practicum site for three graduate students (two from the University of Hawaii at Manoa and one from Chaminade University).

This year Hawaii hosted the 24th annual United States Ombudsman Association's Annual Conference. LTCO was invited to give a presentation and participate in all the sessions. This was an international conference with participants as far away as Canada, Holland, Japan and Gibraltar.

The LTCO continued to attend and participate in the Senate Task Force on Elder Abuse and Neglect meetings, facilitated by Sen. Suzanne Chun-Oakland. The LTCO also provided presentations on the LTCOP, Residents Rights, Advance Directives and what's available at the Executive Office on Aging to almost every Resident Council in the state and most of the Family Councils. It also continued providing staff in-services on the same topics.

The LTCO likewise had many guest speaking engagements that included National Sojourners, Kokua Council, Te Chih Sheh Sorority Alumnae Association of the University of Hawaii, Senior Companions, PABEA, all 4 Area Agencies on Aging, the Department of the Attorney General/State Crime Prevention and Justice Assistance Division, Hawaii Pacific University's Nursing Department, UH Center on Aging and the Ala Wai Club House. He also participated in the monthly teleconferences of the National Association of State Ombudsman Programs Committee on Program Effectiveness.

Staff participated in several National Citizen's Coalition for Nursing Home Reform conference calls on volunteer issues like retention and recruitment. Staff also met several times with mental health advocates on the issue of "Mental Health Parity for Seniors." Staff were also invited to participate in a training offered by Adult Protective Services for all their investigators. A national speaker was brought in for this all day hands-on conference. Staff also met with the policy analyst for the Office of the Governor to explain the role of the LTC Ombudsman, per federal mandate (Older Americans Act) and clarify some misconceptions regarding the independence of the program, right and obligation to testify on behalf of all residents living in licensed facilities, and other program issues. Staff has likewise been part of a working group on "Transfer Trauma" composed of representatives from the Department of Health, AARP, the Hawaii Disability Rights Center, and several other community leaders.

Long Term Care Ombudsman Volunteer Program

Established to help the mission of the LTCO Program, the Long Term Care Ombudsman Volunteer Program trains persons to become certified volunteers in licensed LTC

settings, so all residents are aware of the services provided by the LTCO. The focus of the program is to provide culturally sensitive advocacy and referral services to these residents.

During FY 2004, a total of 21 Program Representatives completed 414 weekly visits with 1,757 residents face/face in 20 nursing homes throughout Oahu. (Duplicated face/face visits are tracked on a monthly basis and used only if follow-up is required). Residents were provide assistance/advocacy with the following; complaints of being cold, having pain, wheel chair repairs, ant bites, requests for repositioning, staff not speaking English, missing items, discharge planning, financial matters, assistance in transfer, difficulty with breathing, request for privacy, their right to refuse treatment, requests for dietary changes, room changes, access to activity rooms, call light repairs, cold showers and complaints related to staff treatment during care. The number of family members that Program Representative spoke with about the program was 113.

Program Representatives attended 20 Resident and/or Family Council Meetings to provide information about the LTCO Program, introduce themselves or assist with any concerns that are requested be addressed by LTCO Program staff or representatives. Three Program Representatives participated in the Exit Interview meetings held at their facilities by the Department of Health Office of Health Care Assurance.

Trainings for Program Representatives consist of twenty hours of classroom training, 8 hours of on-site training and 4 hour monthly continuing education meetings. During this fiscal year, there were 3 classroom trainings with 4 trainees, 4 on-site trainings and 12 monthly continuing education meetings. Continuing education meetings covered the following topics that assist Program Representatives in fulfilling their roles and responsibilities with the program: quality indicators used by Department of Health for the nursing home survey, how to read the survey, legislation updates specific to the elderly, the federal National Ombudsman Reporting System (NORS), how to define complaints and cases, how to mediate, patient/resident abuse, OAA updates, common drugs that cause problems for the elderly, Hawaii Hospice Program, SAGE PLUS regarding Medicare and Medicaid and how to prevent burnout.

The Program Coordinator conducted 22 quarterly evaluations with Program Representatives at their assigned facilities.

To promote community education, outreach along with the recruitment of prospective volunteers, the Program Coordinator attended a Conference on Aging in Place, the Primetime Health Fair on Oahu and the Kauai Senior Fair. To meet program goals for expansion to all islands the following accomplishments have been made; newspaper articles to inform the public about the program and recruitment of volunteers, information has been sent to various Rotary Clubs that included 2 speaking engagements on Kauai, meeting with all county executives regarding program expansion and to gain support along with sending information to Junior Leagues, Hawaii Police Academy and AARP. Future plans include conducting a training on Kauai and attendance at the community senior fairs that are held on the neighbor islands.

III. SYSTEMS DEVELOPMENT FOR ELDER ABUSE PREVENTION AND PROJECT REACH

Elder abuse prevention activities are mandated by the federal government. In State Fiscal Year 2004, recommendations were prepared for a comprehensive elder abuse response system of services for the neighbor islands. This program assures that the State, in consultation with Area Agencies on Aging conducts analyses of available information concerning unmet service, enforcement or intervention needs for elder abuse, neglect and exploitation needs across the state. The program is grant funded under §721(b)(4) of the Older Americans Act.

Project REACH- Responsiveness, Encouragement, and Assistance through Counseling and Help, is an elder abuse prevention demonstration project. Clients receive case management, supportive counseling, financial management, financial counseling, and referral to legal services. The services empower older adults with the information to manage their own situation and as much as possible to maintain their health and safety.

Project REACH is now in its evaluation phase, in which an examination of data has begun concerning common risk factors among the population of discharged clients.

• Findings to date include:

- o 43% have no family support and were socially isolated.
- o 49% of elders had been neglected/abused in the past.
- o 57% showed signs of neglect.
- o For 57%, financial problems of the elder or caregiver increase risk for neglect, financial crisis, or exploitation.
- o For 59%, there were mental health issues for the elder or caregiver (depression or emotional volatility) that may lead to abuse/neglect.
- o For 59%, the elder/caregiver was thought to have unrealistic expectations about the care situation.
- o 57% have an inappropriate or inadequate level of care.
- o 65% lack preventive legal tools (advance directive, durable power of attorney, will/trust, alternative to guardianship).
- o 49% show signs of malnutrition.
- o For 61%, there is family stress or conflict that could negatively impact care situation.
- o For 67%, there is distancing or neglect by family, or the caregiver is reluctant to assume role/responsibilities.
- o 59% lack knowledge of legal rights.
- o 61% lack access to legal services.
- o 51% have no caregiver or no consistent caregiver.
- o For 41%, the elder/caregiver does/do not understand the medical condition of the elder.
- o For 45%, there are anger problems that could be directed toward the elder (frustration, blaming, scapegoating).

o 16% have no regular doctor or have not seen a doctor.

The next and final phase of the evaluation is to consider the ability of REACH services to help resolve issues and reduce risk.

IV. SageWatch

The SageWatch Program is one of 51 Senior Medicare Patrol Projects in 50 states including Puerto Rico whose mission is to help stop errors, fraud and abuse in the Medicare and Medicaid programs. SageWatch is federally funded by the Administration on Aging (AoA) and is housed by the State of Hawaii, Executive Office on Aging. The Department of Health and Human Services estimates that an excess of 12 billion dollars are being lost every year due to errors, fraud and abuse in the Medicare program. The Senior Medicare Patrol Projects, administered by the AoA, also works in collaboration with the Office of Inspector General (OIG) and Centers for Medicare & Medicaid Services (CMS). An essential component in our fight against the loss of Medicare & Medicaid dollars is our dedicated SageWatch Volunteers. Stationed in all four counties of Hawai'i our trained Volunteers go into their communities and conduct presentations about recognizing and reporting Medicare & Medicaid fraud.

Highlights for FY 2004 include the following:

The SageWatch Program was awarded funding for its third, three-year grant. In addition the program applied for and was awarded supplemental funding to develop media campaigns to publicize the program, using innovative methods, with the emphasis on reaching hard to reach individuals and/or non-English speaking populations.

SageWatch held its first statewide event, a conference entitled, "SageWatch Senior Fraud Conference". Held at the Sheraton Waikiki Hotel, the conference brought together various professionals to discuss issues of fraud and abuse in the senior community. The conference was well attended with over 200 health care professionals, law enforcement and senior citizens in attendance. Topics that were addressed at the conference included consumer fraud, health care fraud, identity theft, telemarketing fraud, and elder abuse. Participating in the conference where representatives from Adult Protective Services, Better Business Bureau, Honolulu Police Department, Department of Attorney General, Department of Consumer Affairs, Department of Justice, Federal Bureau of Investigation, Office of Consumer Protection, Office of Inspector General, and Office of the Prosecuting Attorney. AoA Region IX Administrator, David Ishida opened the conference with City and County Prosecuting Attorney, Peter Carlisle serving as the keynote speaker. Based on evaluation forms that were distributed, the conference was well received with many requests being made for a follow-up conference

For FY 2004, SageWatch volunteers gave 74 educational presentations to senior organizations and groups. During those presentations our program was able to educate 2,387 individuals on the problem of Medicare and Medicaid errors, fraud and abuse.

SageWatch staff and volunteers participated in 14 health/senior fairs and distributed informational brochures to 39,300 persons.

Understanding the importance our volunteers play in the success of our program it is vital that we provide them with ongoing trainings. A total of 16 training sessions were conducted for our volunteers on the islands of Hawaii, Kauai, Oahu, and Maui. Training topics included Durable Medical Equipment, Qui Tam Cases "Whistle Blowers", Medical Coding, and Home Health Care Fraud. SageWatch was fortunate in having our program and volunteers featured in articles in both the Honolulu Advertiser and Midweek newspapers.

V. Sage PLUS

The Sage PLUS Program is a federally funded, state-sponsored program that is designed to give unbiased health insurance information counseling and assistance to people with Medicare at no cost to the individual. The program is currently in its 12th year of funding. Sage PLUS stands for, "Sage," someone who is wise and "PLUS," is an acronym for (People Learning about and Understanding the System). One of the missions of the Sage PLUS Program is to provide unbiased information to Medicare beneficiaries in the community regarding Medicare, Medigap, Medicaid, Medicare+ Choice, Long Term Care Financing Options and community resources to supplement your health insurance. A unique aspect of the Sage PLUS Program is that it uses peer volunteers from the community. Trained Sage PLUS volunteer counselors offer information over the telephone via the Sage PLUS hotline which has a toll free number, through person to person counseling with clients and outreach presentations to community organizations, senior citizen clubs, pre-retiree and other interested groups and also participate in health and senior fairs. Sage PLUS volunteer counselors are located here on Kaua'i as well as on Oahu, Mau`i and in Hilo and Kona on the Big Island.

Highlights for FY 2004 included the following:

Community/Education Outreach

Sage PLUS provided information to 44,150 people through participation in 19 health and senior fairs for approximately 23 hours. Educational seminars were held statewide for 48 groups, approximately 965 people and 62 hours. Volunteers fielded approximately 2,345 calls over the past twelve month.

Partnerships and Community Links

The Sage PLUS Program continues to enhance and expand our community partnerships included Centers for Medicare and Medicaid Services, Department of Human Services – MedQuest Division, Social Security Administration, Department of Commerce and Consumer Affairs, Noridian Government Services, CIGNA Healthcare, HMSA, Kaiser Permanente, Mountain Pacific Quality Health Foundation, TriWest Healthcare Alliance, Kauai Elderly Affairs Division, Hawaii County Office on Aging, Maui County Office on Aging, Honolulu Elderly Affairs Division, Alu Like, Kokua Mau Coalition, Hawaii

Covering Kids, Office of Hawaiian Affairs, SageWatch Program, the Long-Term Care Ombudsman Volunteer Program, and other various community organizations.

Volunteers are currently located in all counties – On the island of Hawaii we have two volunteer sites – Hilo and Kona. Volunteer gave over 2,565 hours of service for the fiscal year. Two of the Oahu volunteers celebrated their 11th anniversary with the program. They were in the very first volunteer training program held for Sage PLUS. Volunteers on Oahu meet on a weekly basis, the neighbor island volunteers meet every other month at their sites.

Trainings/Conferences

Staff attended the The Regional Education About Choices in Health (REACH) Train the Trainer for CMS Region 9, held in San Francisco California in August. This training focused on eight categories of the Medicare system and each Region holds its own training for staff and partners. Training on Long Term Care Financing Options was completed by the staff of the Sage PLUS program in December. This training was required by CMS and the training was held in Atlanta Georgia. The Annual SHIP Directors Conference "Mastering and in Command of the New Medicare Modernization Act" was attended by the staff as part of the requirements of the Federal Grant.

VI. KUPUNA CARE

Kupuna Care is a statewide long-term care program that is designed to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. Kupuna Care provides in-home and community-based services which include adult day care services, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care.

Kupuna Care targets older adults having difficulty in performing two or more functions of daily living (ADLs and/or IADLs). To qualify, an individual must be a U.S. citizen or legal alien; 60 years of age or older; not covered by any comparable government or private home- and community-based care services; and not residing in an institution.

State funds cover the cost of services for those who cannot afford to pay and those who can afford to pay only a portion of the service. The co-payment is based on the older adult's monthly net income. Housing costs, out-of-pocket medical expenses, and emergency situations are considerations in determining the older adult's monthly net income.

During FY 2004, a total of 9,426 unduplicated clients statewide received Kupuna Care services. A total of \$5,084,305 (including a \$230,000 grant-in-aid to senior centers) was allocated for Kupuna Care services for FY 2004.

VII. CAREGIVERS RESOURCE INITIATIVE PROJECT

The Caregivers Resource Initiative (CRI) project was developed to support and enhance caregiver support efforts at the local level by partnering and collaborating with various stakeholders in the community to develop caregiver resources and support statewide.

The goal of the CRI project is to build a statewide system of support and services for family caregivers. Family caregivers refer to (1) anyone who is providing unpaid assistance to an elderly person 60 years old or older, or (2) an older adult (60 years old or older) who is providing uncompensated care for a dependent child who is under 18 years old.

During fiscal year 2004, the CRI project focused on four areas:

- **Promoted Self-advocacy.** EOA provided the tools to community leaders to self-advocate and communicate with lawmakers regarding family caregiver legislation.
- **Built Networks and Coalitions.** CRI continued to expand the Hawaii Family Caregiver Network, a coordinated means to transmit information to over 1,100 family caregivers on a number of issues. Additionally, Hawaii was selected at one of 8 states to receive training by the AARP Foundation to build and sustain a Hawaii Caregiver Coalition.
- **Strengthened Communication.** EOA publishes the <u>Family Caregiver</u>, a quarterly newsletter that features such items as local upcoming events, support group information, helpful tips, caregiver stories, county information, caregiver polices, and heathcare information. Furthermore, the Family Caregiver Website at www2.hawaii.gov/eoa is maintained.
- Supported Grandparents Raising Grandchildren. EOA applied and was selected as a recipient of the Brookdale Foundation's Relative as Parents Program Statewide Initiative.

VII. HEALTHY AGING PROJECT

The Executive Office on Aging, four County Area Agencies on Aging—Kauai Agency on Elderly Affairs, Elderly Affairs Division-City and County of Honolulu, Maui County Office on Aging, Hawaii County Office of Aging; Department of Health's Community Health Division, Office of Health Equity, and Maui County District Health Office; Alu Like, Inc. and other public and private sector agencies, and community are joining forces to design, conduct, and evaluate a community health initiative to improve the health status of older adults. The partners recently completed a strategic planning process and developed "On Creating a Legacy: Healthy Aging Project—A Strategic Plan on Achieving Outcomes (2005-2009).

The partnership focuses on increasing physical activity and improving nutrition (consumption of fruits and vegetables). The partners agree that the interventions must be culturally appropriate, sustainable, uses evidence-based strategies, and systematic, scientific approaches for data collection and outcomes evaluation.

The project's mission is to improve health status of older adults. The guiding principles are:

- Promote community involvement and ownership of activities.
- Assure that cultural and ethnic diversity are respected and differences in process are embraced.
- Measure outcomes through the collection of quality data.
- Focus on the prevention aspect of activities.
- Encourage partner involvement in planning, delivery and evaluation of initiatives.
- Support the development of infrastructure that will sustain efforts and activities.

All of the partners made a commitment to this long-term venture by creating opportunities today and leaving a legacy for future generations. The legacy's goals are:

- Long-term: Reduce morbidity and premature mortality
- Intermediate:
 - o All older adults will eat five or more servings of fruits and vegetables a day.
 - o All older adults will participate in moderate physical activity of 30 minutes or more a day.
- Short-term (five-years): All older adults will start or continue to exercise and eat healthier.

Short term sub-goals are:

- Share appropriate healthy aging practices with older adults.
- Communities target evidence-based interventions and measure their own performance.
- Older adults have access to accurate and current information and resources about healthy aging.
- Older adults will have positive attitudes about healthy aging.
- Older adults, in particular high-risk populations, will participate in fun, interesting, and challenging activities to improve their health.

The Hawaii Health Aging plan can be found online at www2.hawaii.gov/eoa.

VIII. STATEWIDE DATA SYSTEM DEVELOPMENT

In collaboration with the Area Agencies on Aging, the Executive Office on Aging initiated a project in early 2004 to collectively develop an enhanced statewide data system. The project was prompted by the need to improve the data collection and

reporting system to better meet state and federal reporting requirements as well as by a realization of the importance of and the need for accurate and reliable data to fulfill state and county planning, evaluation, and research functions. The need to approach data from a systems (big picture) perspective, as well as to address immediate reporting needs made up the two tracks that were adopted by the organizers.

The project is being undertaken through a series of meetings with representatives from the Area Agencies on Aging. Following the two-track process, these meetings (from February to June 2004) have so far addressed the following:

- creation of a statewide vision for a preferred data system
- components of a data system from a theoretical perspective
- identification of stakeholders at the federal, state and county levels, and their information needs
- a framework for collecting, analyzing and reporting data for older adults and caregivers
- identification of data elements
- finalization of service definitions and units of measure for Title III-B (clusters 1, 2, 3 and 4) services, and Title III-E (group 1 and 2) services
- phase-in plans for the registration of all services, data collection and reporting of state-added requirements
- review of Social Assistance Management System (SAMS2000) administrative set-up
- review of State Program Report (SPR) forms
- crosswalk between SPR requirements and SAMS2000
- review of State-added requirements
- frequency and schedule of reports

Succeeding meetings will cover the following topics:

- review and finalization of State-added forms
- crosswalk between State-added requirements and SAMS2000
- review of SAMS2000-generated reports
- finalization of service standards for Title III-B and Title III-E services
- finalization of Kupuna Care (KC) intake form minimum requirements

MONITORING OF AREA AGENCIES ON AGING

The Executive Office on Aging conducted annual program and fiscal monitoring with all four Area Agencies on Aging, namely Kauai Agency on Elderly Affairs, Honolulu Elderly Affairs Division, Maui County Office on Aging and Hawaii County Office of Aging from October 2003 through March 2004. The annual assessments were in line with the requirements of the Older Americans Act (OAA).

The Area Agencies on Aging (AAA) were assessed in the following areas: stewardship compliance; targeting compliance; capacity for monitoring, assessment and provision of technical assistance; reporting requirements; and fiscal. Verification of AAA responses were done by examining documents such as the Area Plan, contracts, Memorandums of Agreement, procurement files, and fiscal records.

Stewardship compliance consisted of reviewing the AAAs' compliance with the assurances required by the Older Americans Act and their inclusion in the Area Plans.

Targeting compliance reviewed if the AAAs are targeting low-income minority older individuals, older individuals residing in rural areas, and older individuals of greatest economic and social needs as described in the OAA. The statistical data was compared to the Area Plan and reviewed for compliance with the OAA.

The EOA reviewed each AAA's capacity to monitor, assess and provide technical assistance. A checklist with standards and indicators were utilized to assess their abilities in these three areas. EOA reviewed the state and federal requirements of the AAAs.

The assessment also included AAA's compliance with state and federal reporting requirements. Emphasis was placed on data accuracy, completeness and timeliness of reports.

Fiscal monitoring assessed the management of both Federal and State funds. The fiscal review consisted of budget control procedures, compliance requirements of the OAA, cash management and internal control procedures. EOA found no major discrepancies. Recommendations were provided to the AAAs for minor infractions.

Reports on the results of the monitoring visits were sent to the AAAs including recommendations for deficiencies, if any. Overall, no major deficiencies were found in the stewardship and targeting compliance reviews. For assurances and targeting requirements that were not in compliance, findings and recommendations were provided. The AAAs submitted corrective action plans describing how they would remedy the non-compliance issues.

BUDGET ALLOCATIONS AND TITLE III SERVICES PROFILE

Support for EOA programs and services are provided by funds allocated from federal, state, and private sources. For FY 2004, the EOA received a total of \$13.2 million in budget allocations: \$7.1 million from the Federal government and \$6.1 million from the state. No amounts were received from private funding agencies this year. A comparative breakdown of EOA funding allocations for FY 2003 and FY 2004 is shown below:

EOA FUNDING ALLOCATIONS

Source	FY 2003		03 % FY 2004		%	
State	\$	5,846,806	44.0%	\$	6,060,687	46.0%
Federal	\$	7,402,044	55.7%	\$	7,119,320	54.0%
Private	\$	47,558	0.4%	\$	0	0%
TOTAL	\$	13,296,408	100.0%	\$	13,180,007	100.0%

State funds increased approximately 3.7% since the previous fiscal year, while federal funds decreased by 3.8%. There was a 100% decrease in private funding, resulting in an overall decrease of 0.9%.

The following table shows state and federal funding allocations distributed to Area Agencies on Aging in FY 2004:

EXECUTIVE OFFICE ON AGING STATE AND FEDERAL FUNDS ALLOCATED TO THE AREA AGENCIES ON AGING STATE FISCAL YEAR 2004

AREA AGENCY	STATE FUNDS		FED	ERAL FUNDS	TOTAL	
Kauai Agency on Elderly Affairs	\$	580,584	\$	768,958	\$	1,349,542
Honolulu Elderly Affairs Division	\$	3,176,860	\$	3,717,148	\$	6,894,008
Maui County Office on Aging	\$	680,283	\$	673,774	\$	1,354,057
Hawaii County Office of Aging	\$	646,578	\$	1,273,900	\$	1,920,478
TOTAL	\$	5,084,305	\$	6,433,780	\$	11,518,085

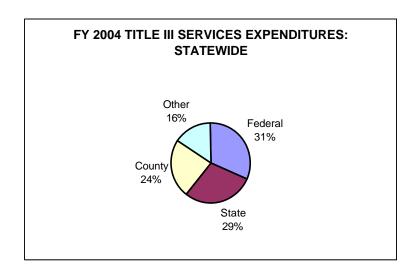
Total state funds allocated to area agencies on aging increased from \$4,854,305 to \$5,084,305 (4.7%) since last year. Federal funds to AAAs increased 6.3%, from \$6,052,935 in 2003 to \$6,433,780 in 2004.

During FY 2004, the following Title III services were provided to older individuals, 60 years and over, statewide.

FY 2004 TITLE III SERVICE PROFILE: STATEWIDE

Title III Services	Persons Served	Service Units		
Personal Care	781	44,890		
Homemaker	682	20,449		
Chore	384	2,882		
Home Delivered Meals	4,055	543,949		
Adult Day Care	145	20,806		
Case Management	1,397	27,242		
Congregate Meals	4,874	376,107		
Nutrition Counseling	188	194		
Assisted Transportation	1,286	67,241		
Transportation	3,364	136,492		
Legal Assistance	1,466	5,859		
Nutrition Education	17,645	1,556		
Information and Assistance	7,546	12,532		
Outreach	2,811	3,596		

A total of \$16,017,770 was spent on Title III services. This is broken down as follows: federal*(\$5,017,087), state** (\$4,666,539), county (\$3,835,747), and other***(\$2,498,397).



^{* &}quot;Federal" includes Title III, USDA Reimbursement, and Other Federal

^{** &}quot;State" refers to Kupuna Care expenditures; includes approved carry-over funds from previous year that were spent during FY2004

^{*** &}quot;Other" includes Program Income, Cost Share Income, In-Kind, and Other

THE POLICY BOARD FOR ELDER AFFAIRS

Appointed by the Governor to advise the Executive Office on Aging, the volunteer Policy Advisory Board for Elderly Affairs (PABEA) contributed expertise and time, participated in subcommittees, and accomplished the following under PABEA chair Robert Takushi.

It advocated policies and legislation that offered strategies to finance long term care and protect the rights and health of elders in their homes and care facilities.

It reviewed the four-year *Hawaii State Plan on Aging (2004-2007)* prior to its submission to, and subsequent approval by, the U.S. Administration on Aging for continued funding of aging programs in Hawaii. It also reviewed the amendment to the Interstate Funding Formula (IFF) which has been submitted to the U.S. Administration on Aging for approval.

It raised funds and organized the annual recognition of Hawaii's outstanding older adults, with a proclamation signing by Governor Linda Lingle and luncheon program at Washington Place on May 27, 2004. This year's honorees were:

Maralyn Herkes of Hawaii County

"Marnie" is an inspiration to her fellow seniors and has spent the better part of her life trying to make the Big Island a better place to live. Her involvement in the Kona-Kohala Chamber of Commerce stemmed from a desire to protect and preserve a quality of life that all *kamaaina* have come to enjoy. She is active with the Kona Outdoor Circle and has helped shape the Big Island with her involvement with the Saddle Road Task Force, the Hawaii Statewide Transportation Community Planning Advisory Council and the Kona Traffic Safety Committee. The Kona Hospital, Historical Society and Crime Prevention Committee have all benefited from her tireless efforts.

Pat Rocco of Hawaii County

Hawaii became home to Pat in 1989 and since that time, he has been honored by congressional representatives, governors, state senators and representatives, mayors and council members for volunteering his talents as an organizer, leader, entertainer, and much more to the homeless, elderly and numerous non-profit organizations. One of his special projects was the production of a musical CD to raise funds to help the families of the victims of 9-11-01. Pat also volunteers time at the Hawaii Island Theater, the Puna News, managing director of the Akebono Theater, and is the founder and operator of the Pahoa and Kalapana Farmer's Markets. He has been quoted as saying "seventy is just a number, and seniors don't need to pay much attention to numbers, just to living life to the fullest."

Gladys Okada of Kauai County

Gladys is described as a outstanding citizen, dedicated teacher, and a guardian angel. Retirement has been busier than her 30+ years of teaching; it has included "exploring, experiencing, getting

involved to make a difference and just having fun". Some of the groups that have benefited from her retirement are the Waimea Senior Center, Waimea United Church of Christ, Women's Board of Missions, Kauai Retired Teachers Association, the Kauai Fukuoka Kenjin Kai and the Military Intelligence Service. Her community service has taken her all over the island of Kauai, to Oshima Island (Kauai's sister island in Japan) where she coordinated four tours, and to Kalaupapa settlement where she participated in mission outreach programs. She still finds the time to teach Tai-Chi, dance hula and Japanese dance and strum her ukulele with the "Strumming Strings."

Frank Watanabe of Kauai County

West Hawaii certainly is a remarkable place with remarkable people. Frank Watanabe is one of those people. Since 1983 he has held most of the leadership positions in the West Kauai Lions Club, provided countless hours of community service to the Waimea United Church of Christ, Waimea Senior Center, Hawaii Government Employees Association (HGEA) and still finds the time to play ukulele with the "Strumming Strings" and to golf. Frank is a former educator and vice-principal from Oahu. After he retired, he and his wife moved back to Kauai to care for his mother, and quickly became involved in the community, developed lasting friendships and began a new chapter in their lives. He is described as one who "lives life to the fullest with a positive attitude."

Ellen B. Hyer of Honolulu County

Ellen is involved with and cares for her community in so many ways. She has helped ailing friends, and cajoled owners about clearing and beautifying their property. She convinced the City to dredge a stream in time to avoid damage during recent heavy flooding. Ellen is a very active Rainbow Club member, contributes time to the Hawaiian Civic Club, Friends of Wahiawa Library, and Friends of Honolulu Botanical Gardens. She is blessed with a big heart that compels her to make her community better, contributing many thousands of volunteer hours.

Edward Yapyapan of Honolulu County

Edward is a Senior Companion who has accepted every client assigned, no matter how far from his Waipahu home. Although he has not served very long, his impressive performance earned him an appointment on the Senior Companion Advisory Council, where he represents the concerns and views of other Companions. In spite of having to care for his wife during a long illness, he continued volunteering with devotion and dedication. His nominee has said of him: "He is truly making a difference in the lives of his clients and caregivers."

Matsuko Takahashi of Maui County

Matsuko Takahashi has been the Sunday School teacher at Kahului Union Church for the past 55 years, and she feels that her life has been so blessed and so she wants to share her blessings with others. Her volunteer service also includes being secretary of the Kahului Seniors Club and founding and originating member of the board of directors for the Maui Adult Day Care Center from 1984-2000. Ms. Takahashi worked for 40 years as the preschool director and teacher at

Kahului Union Church Preschool where many famous Mauians were touched by her gentle spirit.

Clarence "Mutt" Matsumoto of Maui County

Known in the community as "Mr. Takenoko", he earned his nickname because he is adept at aquiring bamboo shoots. He shares his talents by taking groups of seniors out to the places where the *takenoko* can be found. Mr. Matsumoto is from Paia and retired after 30 years of service to the Maui Fire Department. Since 1973 he has been the president of the 442nd Veterans Club. He currently is also the president of the Paia Pensioners Club, volunteers for Kaunoa Senior Services, and provides leadership for the annual AJA Chrysanthemum Ball. During his free time his interests include volunteer work, computers, and piano.



The 2004 honorees, left to right (standing) Edward Yapyapan of Honolulu, Pat Rocco of Hawaii, and Maralyn Herkes of Hawaii; (sitting) Ellen B. Hyer of Honolulu, Gladys Okada of Kauai, Frank Watanabe of Kauai, Matsuko Takahashi of Maui, and Clarence Matsumuto of Maui.

HOW TO REACH THE HAWAII AGING NETWORK

State Unit on Aging



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Internet: www2.hawaii.gov/eoa

Phone: (808) 586-0100 **Fax:** (808) 586-0185

Email: eoa@health.state.hi.us

Area Agencies on Aging

The four Hawaii Area Agencies on Aging (AAAs or "triple As") are located in county government, with the Maui AAA also serving Kalawao County.



Hawaii County Office on Aging

Hawaii County Office of Aging (HCOA)

101 Aupuni Street, Suite 342 **Phone:** (808) 961-8600 Hilo, Hawaii 96720 **Fax:** (808) 961-8603 **Email:** hcoa@verizon.net



Elderly Affairs Division

Elderly Affairs Division (EAD)

715 South King Street, Suite 200 **Phone:** (808) 523-4361 Honolulu, Hawaii 96813 **Fax:** (808) 527-6895

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Kauai Agency on Elderly Affairs

Kauai Agency on Elderly Affairs (KAEA)

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